



IFW

## TRANSMITTAL FORM

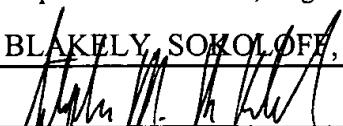
(to be used for all correspondence after initial filing)

		10/646,026
		August 22, 2003
First Named Inventor		Cynthia L. Martin
Art Unit		2835
Examiner Name		Lea Edmonds, Lisa S.
Total Number of Pages in This Submission	10	Attorney Docket Number

### ENCLOSURES (check all that apply)

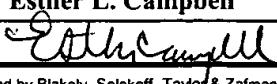
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Information Disclosure Statement  <input checked="" type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Request for Refund	<div style="border: 1px solid black; padding: 5px; min-height: 40px;">           3 cited references and Return Receipt Postcard         </div>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<div style="border: 1px solid black; padding: 5px; width: 100%;">           Remarks         </div>		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Stephen M. De Klerk, Reg. No. 46,503  BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	May 9, 2005

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Esther L. Campbell		
Signature		Date	May 9, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 06/04/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



# FEETRADING FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT**      **(\$)**      **0.00**

Complete if Known	
Application Number	10/646,026
Filing Date	August 22, 2003
First Named Inventor	Cynthia L. Martin
Examiner Name	Lea Edmonds, Lisa S.
Art Unit	2835
Attorney Docket No.	42390P16835

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s)  Credit any overpayments  
 under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

## FEE CALCULATION

### 1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims		** = <input type="text" value="0"/>	x <input type="text" value="50.00"/>	= <input type="text" value="\$0.00"/>
Independent Claims		** = <input type="text" value="0"/>	x <input type="text" value="200.00"/>	= <input type="text" value="\$0.00"/>
Multiple Dependent				= <input type="text"/>

### Large Entity      Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent

\*\*or number previously paid, if greater, For Reissues, see below

SUBTOTAL (1)

### 2. ADDITIONAL FEES

#### Large Entity      Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	<input type="text"/>
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	<input type="text"/>
2053	130	2053	130	Non-English specification	<input type="text"/>
1251	120	2251	60	Extension for reply within first month	<input type="text"/>
1252	450	2252	225	Extension for reply within second month	<input type="text"/>
1253	1,020	2253	510	Extension for reply within third month	<input type="text"/>
1254	1,590	2254	795	Extension for reply within fourth month	<input type="text"/>
1255	2,160	2255	1,080	Extension for reply within fifth month	<input type="text"/>
1401	500	2401	250	Notice of Appeal	<input type="text"/>
1402	500	2402	250	Filing a brief in support of an appeal	<input type="text"/>
1403	1,000	2403	500	Request for oral hearing	<input type="text"/>
1451		2451		Petition to institute a public use proceeding	<input type="text"/>
1460	130	2460	130	Petitions to the Commissioner	<input type="text"/>
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	<input type="text"/>
1806	180	1806	180	Submission of Information Disclosure Stmt	<input type="text"/>
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="text"/>
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="text"/>

Other fee (specify) \_\_\_\_\_

SUBTOTAL (2)

Complete (if applicable)

Name (Print/Type)	Stephen M. De Klerk	Registration No. (Attorney/Agent)	46,503	Telephone	(408) 720-8300
Signature				Date	05/09/05



Docket No.: 42390P16835

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re the Application of:

CYNTHIA L. MARTIN, ET AL.

Application No.: 10/646,026

Filed: August 22, 2003

For: **A Computer Assembly Having A Bulkhead Component And Bulkhead Connectors For Mating With Storage Drive Connectors**

Art Group: 2835

Examiner: Lea Edmonds, Lisa S.

**INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. §1.97**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

In accordance with the duty of disclosure, enclosed is a copy of IDS Citation Form PTO/SB/08 or PTO-1449, together with copies of the documents cited on that form, except for copies not required to be submitted (e.g., copies of U.S. patents and U.S. published patent applications need not be enclosed). This IDS and IDS Citation Form are being submitted. It is respectfully requested that the cited references be considered and that the enclosed copy of PTO/SB/08 be initialed by the Examiner to indicate such consideration and a copy thereof returned to applicant(s).

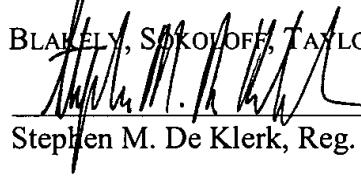
The references were cited in a Search Report dated February 24, 2005 (copy enclosed herewith) in a counterpart PCT application.

The submission of this Information Disclosure Statement is not to be construed as a representation that a search has been made in the subject application and is not to be construed as an admission that the information cited in this statement is material to patentability.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Date: May 09, 2005

  
Stephen M. De Klerk, Reg. No. 46,503

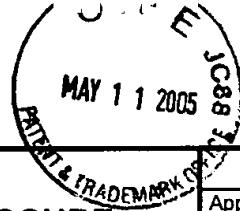
Telephone: (408) 720-8300

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Esther L. Campbell

05-09-05

Date



**Substitute for form 1449A/PTO**

## **INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

**(use as many sheets as necessary)**

## Sheet

1

01

2

***Complete if Known***

Application Number	10/646,026
Filing Date	August 22, 2003
First Named Inventor	Cynthia L. Martin
Art Unit	2835
Examiner Name	Lea Edmonds, Lisa S.
Attorney Docket Number	42390P16835

## U.S. PATENT DOCUMENTS

## FOREIGN PATENT DOCUMENTS

Examiner Signature		Date Considered	
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\*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication.

<sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup>Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup>For Japanese patent documents, the indication of the year of reign of the Emperor must precede the serial number of the patent document. <sup>5</sup>Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>6</sup>Applicant is to place a check mark here if English language Translation is attached.

Based on PTO/SB/08A (08-03) as modified by Blakely, Solokoff, Taylor & Zafman (wdr) 08/11/2003.

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<p>Substitute for form 1449A/PTO</p> <p><b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b></p>				<p><b>Complete if Known</b></p>	
<b>Sheet</b>	2	<b>of</b>	2	Application Number	10/646,026
				Filing Date	August 22, 2003
				First Named Inventor	Cynthia L. Martin
				Art Unit	2835
				Examiner Name	Lea Edmonds, Lisa S.
				Attorney Docket Number	42390P16835

## NON PATENT LITERATURE DOCUMENTS

Examiner Signature	Date Considered
-----------------------	--------------------

**\*Examiner:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication.

**'Applicant's unique citation designation number. 'Applicant is to place a check mark here if English language Translation is attached.**

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